

pandemic influenza planning matrix

	PLANNING Phase 1	PREPARATION Phase 2	ALERT Phase 3	HEIGHTENED ALERT Phase 4	EMERGENCY RESPONSE Phase 5	LOCAL RESPONSE Phase 6
	Inter-pandemic		Pandemic Alert Period			Pandemic Period
	No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection of disease is considered to be low.	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.	Human infection(s) with a new subtype, but no human-to-human contact spread, or at most rare instances of spread to close contacts.	Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well-adapted to humans.	Larger cluster(s), but human-to-human spread is still localized, suggesting that the virus is becoming increasingly better-adapted to humans, but may not be fully transmissible (substantial pandemic risk).	Pandemic phase: increased and sustained transmission in general population.
Administration	Develop presentation for management. Receive buy-in from Executive Management on action plan.	Review and update organization chart and phone trees. Review BCP plans. Develop Corporate policies HR, Sick Leave etc).	Develop Emergency Incident Command System & review plan procedures for Avian Flu response. Identify criteria for plan implementation. Clarify decision-making authority and process. Review special population contact list.	Establish communication channel/process with Depts. Review contingency plans. Keep executives informed. Assess staffing levels and monitor leave requests.	Assess staffing levels and monitor leave requests. Determine ICS staffing plan. Establish communication channel/process with Depts. Identify "non-essential" programs.	Cancel leave requests. Activate Incident Command Center and response plan. Discontinue non-essential programs. Secure site from visitor activity. Add constraints on movement. Cancel leave requests. Additional constraint on movement at site.
Surveillance	Monitor CDC website / email for information.	Monitor: Employee use of sick leave. Schools, childcare providers Government & Health dept websites. Flights from endemic areas.	Update locations about cluster activity. Monitor workplace absences weekly. Advise employees through the travel center.	Determine if locations are affected. Monitor CDC & govt. websites. Monitor airline travel to/from endemic areas. Look for cluster of illness in locations. Close monitoring & follow-up with managers. Control employee travel through travel centers.	Provide information on testing. Look for cluster of illness in large centers. Close monitoring and follow-up with managers. Control employee travel through the travel centers.	Monitor locations for clustering. Monitor employee absentee rates. Track quarantined persons. Monitor associates for symptoms.
Investigation	Review protocol for absences in the workplace.	Normal protocol for greater than 10% workplace absences.	Normal protocol for greater than 10% workplace absences.	Monitor contacts of any cases in business. Normal protocol for greater than 10% absences in workplace.	Monitor contacts of cases in company.	Investigate cases & contact tracing or local health department. Encourage appropriate use of PPE.
Education	Normal activities associated with BCP/DR plans. Research training materials specific to pandemic.	Provide General Information Pandemic definition, history, and phases. Personal health care. Health@Work Travel considerations	Forward information alerts to managers Start general risk reduction. Announce change in alert status and Company's heightened response level.	Review contingency plans. Review media contact list.	Implement contingency plans to minimize person to person contact. Check on vaccine availability and determine for who.	Where is medication available and for who? Where to seek medical care. Specific risk reduction instructions Stay home hygiene. Constraints on movement in sites.
Prophylaxis/ Treatment	None	Provide personal care products (i.e. sanitizers, tissue, etc...)	Education of the associates. Evaluate availability of vaccine & medication. Arrange for health resources and clinics. Vaccinate staff and priority groups.	Begin vaccination clinics. Determine availability of medications. Isolate/refer for treatment symptomatic individuals. Quarantine contacts as needed. Promote good hygiene practices HVAC controls. Environmental services/ cleaning	Same as Phase 4	Same as Phase 4 plus consider cohorting work groups. Monitor temperatures at beginning and end of shift. Use of PPE.
Community Interaction	Participate in community / industry discussions.	Research local responses. Research alternate care providers.	Review existing statutes, policies, and procedures that local, state, and federal govt. may have.	Convene key players to review roles, response, communication protocols, and decision making procedures with private business	Implement communication and decision-making protocols. Review and finalize criteria for interaction.	Implement a schedule for decision-makers to review criteria and implement isolation/ quarantine procedures, if necessary.